## HOROB8356

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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## **COVER LETTER**

TO: Amendment Section		
Division of Corporations		
SUBJECT: ARTICLES OF DISSOLUTION		
DOCUMENT NUMBER: P04000138356		
The enclosed Articles of Dissolution and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
ATTILA OZTURK		
(Name of Contact Person)		
AAMEDIA CORP		
(Firm/Company)		
4613 N. UNIVERSITY DRIVE, STE 224		
(Address)		
CORAL SPRINGS, FL 33067		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
	_) 326-3571	
(Name of Contact Person) (Area C	Tode & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
✓\$35 Filing Fee  \$43.75 Filing Fee & \$43.75 Filing I  Certificate of Status Certified Copy (Additional copenciosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: AAMEDIA CORP. The document number of the corporation (if known): P04000138356 SECOND: The file date of the articles of incorporation: 10/05/2004 THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signature: ctors or officers have not been selected, by an incorporator - if in the hands of receiver, trustee, or other court appointed fiduciary, by that fiduciary.) ATTILA OZTURI (Typed or printed name of person signing) DIRECTOR (Title of Person Signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. AAMEDIA CORP. Name - $\theta_{\rm S}$  and date the dissolution is filed with the Department of State or as Da f Dissolution. mation that must be included in a claim: JATURE OF THE CLAIM THE CLAIMANT'S NAME, ADDRESS, TAX ID #, DATE THE CLAIM AROSE Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) ATTILA OZTURK 4613 N. UNIVERSITY DRIVE, STE 224 CORAL SPRINGS, FL 33067 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. ATTILA OZTURK Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00